Immigration, Refugees and Citizenship Canada | Immigration, Réfugiés et Citoyenneté Canada

CANADA

PROTECTED WHEN COMPLETED PROTÉGÉ UNE FOIS REMPLI - B

CANADA

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REFUGEE PROTECTION CLAIMANT DOCUMENT

THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT WITHIN THE MEANING OF THE *IMMIGRATION AND REFUGEE PROTECTION ACT*

Application No: L010219057

UCI: 57358829

CLIENT INFORMATION

Family Name:	LUCERO	
~~Given Name(s):~~	~~CHLOE ANNELIESE~~ 16080 CHLOE ANNELIESE	
Date of Birth:	1982/11/02	(yyyy/mm/dd)
Sex:	FEMALE	
Country of Birth:	UNITED STATES OF AMERICA	
Country of Citizenship:	UNITED STATES OF AMERICA	
Date Issued:	2020/09/24	(yyyy/mm/dd)
Expiry Date:	**2024/09/24**	(yyyy/mm/dd)

ADDITIONAL INFORMATION

Pursuant to Subsection 100(1) of the *Immigration and Refugee Protection Act*, this refugee protection claim has been determined to be eligible for a decision by the Refugee Protection Division. Consequently, pursuant to subsection 100(3), the refugee Protection Claim is referred to the Refugee Protection Division of the Immigration Refugee Board.

CANADA BORDER SERVICES AGENCY
Warehouse
24 SEP 2020

As of 2020/09/24 the above-named individual is eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). This coverage can be cancelled without notice if the individual's immigration status changes. Therefore, health-care providers **must** verify the eligibility of the individual with the IFHP administrator **before** providing services.
I, the undersigned:
- declare that I require coverage under the IFHP. I will notify IRCC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that my medical and personal information will be shared with IRCC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that my personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.

N/A

Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned

13648
Money in possession

16080
Minister

*****NOT VALID FOR TRAVEL*****

THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF IMMIGRATION, REFUGEES AND CITIZENSHIP - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

IMM 1442B (06-2012)
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